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Refugee Fact Sheet

Indochinese Resettlement in the United States

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United States Department of State
Bureau of Public Affairs
Washington, D.C.

Prepared by the Bureau of Public Affairs for the Office of the U.S. Coordinator for Refugee Affairs.

The Refugee Crisis

Over 1 million Indochinese have fled Vietnam, Laos, and Cambodia (now called Kampuchea) since Communist governments took over these countries in the spring of 1975. The exodus has continued since then, ebbing and flowing in response to conditions within Indochina such as persecution against ethnic Chinese and persons associated with the former non-Communist governments or with the United States. In the month of May 1979 alone, about 65,000 Indochinese arrived by land or boat to seek asylum in neighboring countries (principally Thailand, Malaysia, Indonesia, Hong Kong, and the Philippines).

Since the Southeast Asian countries of first asylum are unable or unwilling to integrate the refugees into their societies, the burden of resettlement has fallen to the international community. The U.N. High Commissioner for Refugees (UNHCR) has responsibility for protecting the rights of the refugees, financing their care in camps operated by the host-country governments, and arranging for their resettlement in other countries. Some 275,000 Indochinese refugees are still in camps awaiting offers of resettlement.

Major Resettlement Countries

Thirty-eight countries have accepted Indochinese refugees for permanent resettlement. In absolute numbers the United States is the leading resettlement country. By the end of 1979 we had accepted about 290,000 refugees and by September 1980 the total is expected to be close to 415,000. China has accepted well over 250,000 ethnic Chinese expelled from Vietnam. In per capita acceptance, Australia is the leading country of resettlement, followed by the United States and France (which have equivalent acceptance rates) and Canada.

U.S. Admission Procedures

Under present law, Indochinese refugees are admitted to the United States under a special parole authority exercised by the Attorney General.

U.S. refugee law developed in an ad hoc fashion in response to specific refugee crises over the years. In recognition of the unfortunate fact that refugee problems have become a chronic feature of our times, the Administration worked closely with the Congress on the Refugee Act of 1979, a bill that will overhaul existing provisions and provide a more equitable basis for refugee admissions and assistance. Differences between the House- and Senate-passed versions of the bill have been resolved in conference in February. After final congressional approval, the Refugee Act is expected to come into effect about April 1, 1980.

Among other things, the Refugee Act adopts the refugee definition from the U.N. protocol on refugees, thus replacing the present system of accepting refugees on the basis of outmoded geographic and ideological criteria. It allows

the President to set the number of refugees to be admitted each year and the allocation of refugee numbers among groups of "special humanitarian concern" to the United States. It reduces the period from 2 years to 1 year that refugees are considered "conditional entrants" in the United States before they are granted permanent resident alien status, and it authorizes the Federal Government to reimburse the state and local governments for 100% of their costs of assisting refugees for 3 years after the refugee's arrival (the 3-year limit will go into effect after an 18-month transition period).

Refugees who wish to resettle in the United States must meet all requirements of U.S. immigration law, including a medical and security screening. In accepting refugees, the United States gives preference to persons having special ties to the United States through family or past employment.

While awaiting resettlement from third countries, refugees stay in camps throughout Southeast Asia funded by the UNHCR and operated by the host-country governments. Some refugees with guarantees of eventual resettlement are being transferred to new refugee processing centers in the Philippines and Indonesia. In these centers refugees will have access to training and orientation programs to prepare them for life in their future homes.

Health Assessment

To assure that U.S.-bound Asian refugees pose no serious health threat to the American public, the Public Health Service (PHS)—working with the Department of State and the Intergovernmental Committee for European Migration (ICEM)—has developed a medical evaluation system that begins overseas and continues after the refugee's arrival in the United States. Such medical evaluations are performed in accordance with the requirements of the Immigration and Nationality Act and professional medical practice.

Overseas Screening

Once refugees are approved for immigration, and are assured of sponsorship in the United States, they are moved from refugee camps to transit centers for medical screening and processing. The screening involves:

- Compilation of a brief medical history of illness or disease;
- Visual inspection of the total skin surface;
- Serologic testing for syphilis;
- Tuberculosis chest X-rays for those aged 15 or older;
- Observation for mental conditions; and
- A more comprehensive screening occurs if there is any indication of an excludable condition.

Excludable Diseases

In accordance with the requirements of the Immigration and Nationality Act, four categories of disease or illness result, in most cases, in a refugee's exclusion from immigration to the United States. They are:

- Infectious tuberculosis;
- Infectious leprosy (Hansen's Disease);
- Venereal disease; and
- Mental conditions, such as retardation, insanity, and severe personality disorders, including narcotic and alcohol addiction.

Only 4% of all refugees screened are found to have an excludable condition. Many eventually enter the United States after completing medical treatment for the disease or illness which initially rendered them ineligible.

Passage to the United States

Refugees travel to the United States on chartered or commercial aircraft with their medical records and X-rays. ICEM provides nurses to accompany flights carrying 100 or more refugees.

Arrival in the United States

U.S. ports of entry are major medical processing points for refugees from Asia. Public Health Service quarantine officers collect and review medical records, visually assess every refugee, and—if health or medical problems are encountered—refer refugees for further examination and treatment. Refugees in need of medical care are provided transportation, lodging, and medical treatment under the direction of the PHS.

PHS officers send the names of refugees—along with the name, address, and phone number of each refugee's U.S. sponsor—to local and state health agencies. PHS tracks refugees with active, noninfectious tuberculosis with immediate phone contacts and written followups to local health departments.

PHS also has recommended to state and local health departments that the following health services to refugees be provided:

- General evaluation for acute medical problems, including those related to malnutrition;
- Examinations for skin conditions;
- The completion of an immunization program which began as part of the medical screening program; and
- Referral to a continuing source of medical care.

Health Concerns

Although the Indochinese refugees present a variety of medical and public health problems reflecting the stress of their past environment, data collected indicate that:

- The overwhelming majority of refugees are free of significant contagious disease;
- Where illness is present, it generally represents a personal rather than a public health problem;
- Malnutrition, dental disease, and anemia are the most common illnesses found among refugees;
- While tuberculosis is potentially the most serious public health concern involving refugees, the PHS believes that existing screening and treatment procedures are adequate to deal with the problem; and
- To date, no serious public health problem linked to refugees has developed anywhere in the United States.

Role of Resettlement Agencies and Sponsors

Refugee resettlement is shared by a number of actors. A primary role is played by the voluntary resettlement agencies who receive a $500 per capita grant from the Department of State to assist in the reception and placement of refugees. The grant often meets only a part of the cost of assistance. The resettlement agencies, some sectarian and others nonsectarian, either act as sponsors themselves or find a sponsor for each refugee.

The sponsor assumes a moral obligation to help a refugee adjust to the new environment but is not required to provide financial support or assume legal responsibility for the refugee. The resettlement agencies, however, are responsible for insuring that refugees receive basic services to help them adjust to their new lives. Three states also

settle refugees through an agreement with the Department of State: Iowa, Idaho, and Michigan.

Federal Assistance

In accordance with U.S. laws and traditions, refugees admitted for resettlement receive the assistance necessary to become productive and self-sufficient. Refugees receive this assistance through the same financial, medical, and social service programs available to other needy Americans.

The Congress first recognized the needs of Indochinese refugees by enacting the Indochina Migration and Refugee Assistance Act of 1975. The act authorized reimbursement by the Federal Government of costs normally borne by the states in the provision of cash, medical, and social services. This act also authorized the Department of Health, Education, and Welfare to extend special projects grants of direct aid to public or nonprofit private agencies providing English language, employment-related, or mental health services

More recently, through the introduction of the Refugee Act of 1979, which is now awaiting final House and Senate passage, the Administration attempted to equalize the types of services available to refugees without regard to their country of origin. The legislation recognizes the special needs of refugees during their initial period of adjustment to life in the United States and authorizes the delivery of a variety of services designed to speed the process of integration and self-sufficiency.

The legislation also recognizes that once a refugee completes this initial period of adjustment, funding for services should be consistent with that for other needy Americans and should involve cost-sharing principles between the Federal Government and the states. The final version of the bill therefore establishes that following the completion of a transition period in September 1981, full Federal funding for refugee assistance will be limited to the 36-month period following the admission of the refugee.

To provide initial cash, medical, and social services to Indochinese refugees, the Department of Health, Education, and Welfare expects to commit approximately $412 million in FY 1980. Indochinese refugees are also eligible, along with other needy Americans, for programs such as Food Stamps, School Lunch, Comprehensive Employment and Training, Job Corps, Section 8 housing, and public housing. Approximately $225 million in additional services will be provided to Indochinese refugees through these and similar programs during FY 1980.

Impact on Population Growth

In the first 9 months of 1980, the United States expects to admit about 126,000 Indochinese refugees, raising the total number admitted since the spring of 1975 to about 415,000. In addition, the United States will admit Cubans (political prisoners and their family members) and other refugees (mainly from the U.S.S.R.). The arriving refugees will increase the current U.S. population of 222 million by about one-tenth of one percent (0.1%), or about one refugee per 1,000 people. The Census Bureau estimates that the U.S. population grows about 1.7 million a year (0.76%). With the expected influx of refugees, the growth rate will increase to 0.87%—still low by world standards. The refugees will constitute about one-third of all aliens migrating legally to the United States in 1980.

During the coming year refugees will increase the size of the labor market by only seven one-hundredths of one percent (0.07%), adding an estimated 70,000 to a U.S. labor force totaling about 105 million. This amounts to about one worker for every 1,500 established workers.

Location

Refugees, like any other Americans, are free to live wherever they choose. Since some relocate after their initial resettlement, there are no precise figures on their national distribution. Current estimates indicate that the largest numbers are concentrated in:

California	99,000
Texas	29,000
Washington, D.C. (metropolitan area)*	12,000
Pennsylvania	12,000
Washington	12,000
Illinois	10,000
Louisiana	9,000
Virginia	8,500
Oregon	8,500
New York	8,300
Minnesota	8,300
Florida	6,500
Colorado	6,300
Oklahoma	4,600

Demographic Features

In 1975 the general U.S. population was 51.3% female; the median age was 27.6 years for males and 30 for females; and 25.1% of the population was under 15. The Indochinese are likely to be younger than the general population, as the earlier arrivals had a median age of between 19 and 20 years. There will be a higher percentage of males than in the resident population. The proportion of children will also be larger and, in consequence, for a few years the ratio of dependents to workers will be greater than in the population at large and the proportion of refugees entering schools will be higher.

*Washington, D.C., metropolitan area includes northern Virginia and parts of Maryland. Most of the 8,500 in Virginia are also included in the D.C. figure.

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